

Case Number:	CM14-0157279		
Date Assigned:	09/30/2014	Date of Injury:	04/15/2014
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 29 year old female with an injury date of 04/15/14. The 09/11/14 progress report by [REDACTED] states that the patient presents with right shoulder, neck, and hand pain with numbness in the entire hand and headaches and memory lapses. Pain is rated 4/10 with and 7/10 without medication. The patient is noted to be working with modified duty. Examination shows mild tenderness to palpation of the posterior and anterior shoulder as well as pain with all motions of the shoulder including impingement signs. The patient's diagnoses include: right shoulder muscle strain, right shoulder contusion and face contusion the utilization review being challenged is dated 09/19/14. The rationale is that the patient received an EMG/NCS on 08/20/14 by a PM&R specialist not certified by AANEM. Repeating would be reasonable if a false positive is suspected but this is not documented. Reports were provided from 04/15/14 to 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nerve conduction studies/Electromogram of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Shoulder Chapter: Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The patient presents with right shoulder, neck and hand pain with numbness in the entire hand, headaches and memory lapses. The treater requests for nerve conduction studies/electromonogram of the right upper extremities. The treater states on 09/11/14 a repeat test is requested to rule out brachial plexus injury. The report also notes, "NCS RUE 08/20/14 normal." This report also states the patient was seen on that day by [REDACTED], orthopedics, who communicated that brachial plexopathy is still suspected based on her clinical exam and requests a repeat EMG/NCS. MTUS does not discuss NCV. ACOEM does allow for nerve conduction studies to confirm the diagnosis of CTS or differential radiculopathy. In this case, the reports provided indicate there is a prior study which was normal. The treater is still concerned about plexopathy and wants to repeat the study. The treater does not explain why a repeat study would be beneficial. There is no new injury, no change in clinical presentation and there is no explanation of any problems with the studies obtained. Therefore, the request for Nerve conduction studies/Electromyogram of the right upper extremity is not medically necessary and appropriate.